

Division of Codes and Standards
Bureau of Homeowner Protection
New Home Warranty Program
PO Box 805
Trenton, New Jersey 08625-0805
(609) 530-8800/530-8801



#### NEW HOME BUILDER REGISTRATION APPLICATION

### **Instructions**

Please read carefully before completing this application.

Application must be typed or completed in ink.

- 1. A <u>nonrefundable</u> registration fee of \$200 must accompany this application. Make check or money order payable to "STATE OF NEW JERSEY, NEW HOME WARRANTY FUND." Maker of check must be the registering business or a principal named in the application.
- 2. Allow at least 20 working days for the processing of this application.
- PAGE 1. NAME OF NEW HOME BUILDING BUSINESS The name of the business which is transferring title is the entity which must register and warrant the new home.

If the New Home Building Business is a **CORPORATION**, a **RECORDED** copy of the Certificate of Incorporation must be attached to the registration application.

LOCATION ADDRESS - must be a street address, post office box is not acceptable.

PAGE 4. Each individual completing a page 2 or 3 must be listed on page 4.

Voluntarily providing your social security number will enable the program to more efficiently conduct the necessary background checks before issuing a Certificate Of Registration. (NJSA 46:3B-5 and NJAC 5:3-1.2)



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### **NEW HOME BUILDER REGISTRATION APPLICATION**

NAME OF NEW HOME BUILDING BUSINESS	TYPE OF APPLICATION (check one)				
	☐ New ☐ Amended				
TYPE OF BUSINESS (check one)  Sole Proprietorship General Partnership* (1 person) Corporation*  Limited Partnership* Joint Venture* LIMITED LIABILITY COMPANY *	AGENT (individual, with New Jersey address)  (FOR CORPORATION OR LIMITED LIABILITY CO.)  Name  Street & No.				
* ATTACH A COPY OF THE CERTIFICATE OF INCOR- PORATION, PARTNERSHIP/JOINT VENTURE AGREEMENT OR CERTIFICATE OF FORMATION FOR LIMITED LIABILITY COMPANY, INDICATING THE CURRENT OFFICERS/PRINCIPALS.	City Zip Code  Business Phone ( )				
LOCATION ADDRESS (where business records are maintained) Street & No.	WARRANTY SECURITY OPTION (check one) SEE LIST  ☐ State Plan ☐ Private Plan (Complete Information Below)				
City  County  State Zip Code	PRIVATE PLAN NAME				
Business Phone ( )	PRIVATE PLAN I.D. NO.				
MAILING ADDRESS (this is the address where official notifications will be received) Street & No City	<ul> <li>Application Pending - YOU MUST NOTIFY THIS</li> <li>DEPARTMENT OF YOUR PLAN I.D. NUMBER WITHIN</li> <li>60 DAYS</li> </ul>				
State Zip Code					
Are there any unsatisfied judgements against this building entity?	Yes No No				
If yes, do the judgements relate to the construction or sale of rea	ıl estate? Yes ☐ No ☐				
Description of Judgement					
Amount of Judgement	Date of Judgement				
Is this business currently in bankruptcy or has application been r	nade for bankruptcy protection? Yes \( \square\) No \( \square\)				
AUTHORIZED SIGNATURE (must be officer/principal of building business)	VALIDATION (Registration expires on the date stamped)				
X Date					
Name (print or type)					
Title					
4/98					

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### **SCHEDULE A - BUILDER DESIGNEE**

NAME OF BUSINESS				TYPE OF APPLICATION				
				□New	<i>'</i>	Amended		
in the builder's ap	plication fo	e the name of an <u>INDIVIDU</u> or registration and is the <u>INI</u> ST ALSO COMPLETE THI	DIVIDUAL responsible for			-		
SECTION 2A - B	UILDER D	ESIGNEE (print or type)						
Name			Business T	elephone (	)			
Title								
Home Address_								
City		State	Zip Code _					
building business if necessary.)	, list them t	n a builder designee, officer pelow. <u>ALL CURRENT AS \</u>	WELL AS INACTIVE BUS	INESSES M	<u>UST BE LI</u>	STED. (use a se	eparate sheet	
From	То	Company Name	Registration #	Positio		Ownership		
						Yes□ No□ Yes□ No□		
						Yes □ No □		
						Yes □ No □		
involving any find YES □ NO □ If yes, please con	ling of COI		tate, the United States, o	r any other s				
JURISDICTION	OCEEDING	3 <u> </u>			DATE			
					_ DAIE _			
<b>SECTION 2D</b> Does the individual	al making t	this disclosure have any un	satisfied judgements?	Yes □	No 🗌			
If yes, do the judg	gements re	late to the construction or s	ale of real estate?	Yes 🗌	No 🗌			
Description of Jud	dgement _							
Amount of Judger	ment		Date of Jud	gement				
		atements made by me are tro lose may also result in revo		statements	are willfully	y false this regis	tration may	
SIGNATURE		(must be signed by individ	lual listed in section 2A)		_ DATE _			

(Print or type)

NAME \_

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### **SCHEDULE B - OFFICERS/PRINCIPALS**

A SEPARATE SCHEDULE B (PAGE 3) MUST BE COMPLETED FOR EACH OFFICER, PARTNER BUSINESS. Also complete a separate schedule B for all individuals who hold a minimum of 10% INDIVIDUAL NAMED IN THE CERTIFICATE OF INCORPORATION, PARTNERSHIP/JOINT VEINITED LIABILITY COMPANY MUST COMPLETE A SEPARATE PAGE 3. (This page may be be paged to b	interest. **NOTE** EACH NTURE AGREEMENT OR photocopied if necessary.)  erest in any other new home
Name Business Telephone ( )  Title  Home Address	erest in any other new home
Title ————————————————————————————————————	erest in any other new home
Home Address	erest in any other new home
	erest in any other new home
City State Zip Code	erest in any other new home
<b>SECTION 3B</b> If you are or have ever been a builder designee, officer, partner or a holder of a minimum of 10% inte building business, list them below. <u>ALL CURRENT AS WELL AS INACTIVE BUSINESSES MUST BE</u> <i>if necessary.)</i>	
From To Company Name Registration # Position	Ownership Percent
	Yes □ No □
	Yes□ No□
	Yes □ No □
	Yes□ No□ ———
<b>SECTION 3C</b> Has the INDIVIDUAL making this disclosure ever been subject to any CRIMINAL, CIVIL OR ADM involving any finding of CONSUMER FRAUD in this State, the United States, or any other state or for YES $\square$ NO $\square$ If yes, please complete the questions below.	
NATURE OF PROCEEDING	
JURISDICTION DATE	
SECTION 3D	
Does the individual making this disclosure have any unsatisfied judgements? Yes ☐ No ☐	
If yes, do the judgements relate to the construction or sale of real estate? Yes $\square$ No $\square$	
Description of Judgement	
Amount of Judgement Date of Judgement	
I certify that the foregoing statements made by me are true. I am aware that if any statements are willful be revoked. Failure to disclose may also result in revocation of registration.	ly false this registration may
SIGNATURE DATE (must be signed by individual listed in section 3A)	

(Print or type)

NAME \_

4/98

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### **SCHEDULE B - OFFICERS/PRINCIPALS**

NAME OF BUS	INESS						
BUSINESS. AIS	so complete AMED IN T	B (PAGE 3) MUST BE CC a separate schedule B fo HE CERTIFICATE OF IN ANY MUST COMPLETE A	r all individuals who hold CORPORATION, PARTN	a minimu ERSHIP/	ım of 10% i JOINT VEN	nterest. ** <b>NOT</b> TURE AGREE	E** EACH MENT OR
		RINCIPAL (print or type)	(	page	, 20 20 р.		, , , , , , , , , , , , , , , , , , ,
Name			Business Te	lephone (	)		
Title ———							
Home Address -							
City		State	Zip Code				
		n a builder designee, officer below. <u>ALL CURRENT AS</u>					
From	То	<b>Company Name</b>	Registration #	Posit	ion	Ownership	
						Yes □ No □	
						Yes □ No □	
						Yes□ No□ Yes□ No□	
involving any fin YES □ NO □	ding of COI	ng this disclosure ever been NSUMER FRAUD in this State questions below.					oroceeding
NATURE OF PR	ROCEEDING	3					
JURISDICTION					DATE _		
SECTION 3D							
Does the individ	ual making	this disclosure have any un	satisfied judgements?	∕es □	No 🗌		
If yes, do the jud	lgements re	late to the construction or s	ale of real estate?	′es □	No 🗌		
Description of Ju	udgement _						
Amount of Judge	ement		Date of Judg	ement _			
		atements made by me are tro lose may also result in revo		statement	s are willfully	/ false this regis	tration may
SIGNATURE _		(must be signed by individ	dual listed in section 3A)		DATE _		

(Print or type)

NAME \_\_

4/98

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### **SCHEDULE C- OFFICERS/PRINCIPALS**

NAME OF BUSINESS		TYPE OF APPLICATION				
		New Amended				
SECTION 1 - OFFICERS/PRINCIPALS (sole propri	ietorships must also complete this section)					
LIST BELOW THE NAMES, ADDRESSES AND PO ALSO LIST THE NAMES AND ADDRESSES FOR A IF SOCIAL SECURITY NUMBERS ARE PROVID REVIEWED OR COPIES BY THE GENERAL PUB	LL INDIVIDUALS WHO HOLD A MINIMU ED THEY WILL REMAIN CONFIDEN	JM OF 10% INTEREST IN THI TIAL AND WILL NOT REMA	S BUSINESS			
NEVIEWED ON OOTIES BY THE SENERAL TOP	. <u>e.o.</u> (This page may be photocopied if needs	soury				
Name:	Home Telephone:					
Home Address:	Social Security No.	Social Security No				
City:	State:	Zip Code:				
Name:	Home Telephone:					
Home Address:	Social Security No.					
City:	State:	Zip Code:				
Name:	Home Telephone:					
Home Address:	Social Security No.					
City:	State:	Zip Code:				
Name:	Home Telephone:					
Home Address:						
	•					
City:	State:					
Name:	Home Telephone:					
Home Address:	Social Security No					
City:	State:	Zip Code:				
•						